
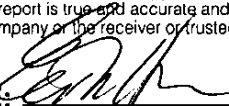


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90265 012 \*\*\*138.75

<b>DOCUMENT # L07000065653</b> 1. Entity Name <b>EURAM HEALTH RESEARCH MANAGEMENT, LLC</b>					
Principal Place of Business <b>4400 BISCAYNE BLVD. SUITE 950 MIAMI, FL 33137</b>			Mailing Address <b>4400 BISCAYNE BLVD. SUITE 950 MIAMI, FL 33137</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
02122008    Chg-LLC    CR2E083 (12/06)				4. FEI Number <b>76-0535001</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>M &amp; W AGENTS INC. 2101 CORPORATE BLVD SUITE 107 BOCA RATON, FL 33431</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>P HALPRYN, ERNEST M. 4400 BISCAYNE BLVD. SUITE 950 MIAMI, FLORIDA 33137</b>		
			<b>VP LABIANCA, PHILIP 4400 BISCAYNE BLVD. SUITE 950 MIAMI, FLORIDA 33137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>VPT WEISBERG, ALAN JAY 2500 NORTH MILITARY TRAIL, SUITE 206 BOCA RATON, FLORIDA 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>S HOERNER, JUDITH A. 4400 BISCAYNE BLVD SUITE 950 MIAMI, FLORIDA 33137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>AS CABRERA, MARLENE 4400 BISCAYNE BLVD. SUITE 950 MIAMI, FLORIDA 33137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>ERNEST M. HALPRYN, PRESIDENT 2/25/08 (305) 573-4112</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		